

**Town of Ashburnham  
Policy Statement**

POLICY NAME:	<b>Ambulance Service Collection Policy</b>	POLICY NUMBER:	<b>005</b>
APPROVAL AUTHORITY:	<b>BOS/TA</b>	APPLIES TO:	<b>Public/Town Officials</b>
ADOPTED:	<b>5/1/2017</b>	REVISED:	<b>08/07/2017</b>
		REVIEWED:	<b>--</b>

**1.0 Policy Statement**

The Town of Ashburnham Fire Department provides emergency medical services including: Basic Life Support (BLS), Advanced Life Support (ALS), and Emergency Medical Transportation to patients.

The Town shall issue bills and collect payments for all ambulance services performed directly by the Fire Department. The Town may engage a third party administrator ("Billing Agency") to administer billing and collections in accordance with a defined scope and contract. This policy establishes the procedures for collection of ambulance services, write-offs of uncollectable accounts, and "hardship" write-offs.

**2.0 Reason for the Policy**

The Policy is established to ensure that fees for emergency medical services are collected and costs are recouped from individuals and/or their insurer(s) for such medical services being provided.

**3.0 Scope of Policy**

This policy covers all ambulance relating billing down by the Town of Ashburnham, whether directly or through a third party collector.

**4.0 Who does this policy apply to?**

This policy applies to all Town Employees who are responsible for government administration and similarly applies to all individuals who receive ambulance/medical service by the Town of Ashburnham Fire Department.

**5.0 Who is responsible for enforcing this policy?**

The Fire Chief and the Town Administrator are jointly responsible for enforcing this policy.

**6.0 Definitions**

NONE

**7.0 Policy**

**7.1 Billing Rates.**

Billing rates for BLS, ALS, mileage, and other charges as may be appropriate are set by the Town Administrator or his/her designee. The rates shall be reviewed at least annually.

The Town shall bill the patient for any portion of the total cost of services not covered by medical insurance. The Town will ONLY seek payment for services provided when transportation is required. No bill shall be issued if the patient refused treatment and did not require services.

## Town of Ashburnham Policy Statement

### 7.2 Collection for Services.

#### 7.2.1 *Accounts aged less than 150 days*

The Billing Agency will send a series of bills to all patients and/or patients' applicable insurance including Medicare and Medicaid within throughout the first 150 days of service being rendered.

#### 7.2.2 *Accounts aged more than 150 days*

Every January and June the Town shall request from the Billing Agency a complete list of unpaid bills that are 150 days or more outstanding. At that time, the Billing Agency shall be instructed to complete one final mailing to all patients with an outstanding bill exceeding 150 days, that includes the following:

1. **Letter.** A letter drafted by the Town explaining to the patient that their bill is 150 days past due and that they have a final opportunity to submit payment or request for hardship prior to their bill being transmitted to a collection agency (Attachment 8.1);
2. **Payment Stub/Final Bill.** The patient may submit the attached bill stub along with payment to the Billing Agency within 30 days of the date of the letter; and
3. **Hardship Form.** The patient may complete the hardship application and return it to the Billing Agency, which will forward it to the Town, with supporting documentation within 30 days of the date of the letter (Attachment 8.2).

After 45 days of the final mailing, if the account is not paid in full the Billing Agency shall be instructed by the Town to transfer the account to its Collection Service or a third-party collection service approved by the Town. The Billing Agency shall update the Town in March and August of all accounts that are turned over for collection and shall be notified of actions taken against accounts submitted to Collection Services no less than on a monthly basis.

### 7.3 Hardship

#### 7.3.1 *Eligibility*

A patient may apply for abatement of any unpaid amounts due to financial hardship using **Hardship Form** (Attachment 8.2). The Town will consider use a combination of the applicant's income compared to the current year's federal poverty guidelines along with any unusual circumstances to determine if the applicant qualifies for a hardship waiver.

#### 7.3.2 *Approval of Hardship Request less than \$500*

For requests under \$500, the Fire Chief shall determine whether to abate an account in part or in whole. On a monthly basis, the Fire Chief shall report all abatements

**Town of Ashburnham  
Policy Statement**

along with amounts and reasons to the Town Administrator no later than the 1<sup>st</sup> of the following month.

**7.3.3 Approval of Hardship Request more than \$500 but less than \$1000**

For requests under \$1000, the Town Administrator shall determine whether to abate an account in part or in whole. On a monthly basis, the Town Administrator shall report all abatements, including those done by the Fire Chief, along with amounts and reasons to the Select Board no later than the 15<sup>th</sup> of the following month.

**7.3.4 Approval of Hardship Request more than \$1000**

For requests over \$1000, the Select Board shall determine whether to abate an account in part or in whole. On an annual basis, the Select Board shall report all abatements, including those done by the Fire Chief and Town Administrator, along with amounts and reasons in the Annual Town Report.

**7.4 Write-Off of Aged Accounts**

In November of each year, the Town Administrator along with the Fire Chief and the Town Accountant will review all unpaid accounts over 180 days due and determine which if any should be recommended to the Select Board to write-off.

In December of each year, all recommendations for write-off's shall be submitted to the Select Board for approval. The Fire Chief shall promptly notify the Billing Agency of any bills that should be written-off.

**8.0 Attachments**

**8.1 Final Billing Letter**

**8.2 Hardship Application**



## TOWN OF ASHBURNHAM

*Town Hall, 32 Main Street  
Ashburnham, Massachusetts 01430  
Tel. 978-827-4100 ext. 0  
FAX 978-827-4105  
www.ashburnham-ma.gov*

### RE: **Outstanding Emergency Medical Services Bill**

Dear:

The Town of Ashburnham's records indicate that Emergency Medical Services were rendered by the Ashburnham Fire Department or affiliate on a prior date for you or a loved one. According to our billing company, Coastal Medical Billing, they have been unable to secure payment within the initial 180 day window after first billing the insurance company (ies) of record and then the patient themselves for any remainder/balance due.

We would like to take this opportunity to remind you that there is an outstanding bill remaining on our books for the services rendered and we would like to work with you to resolve this matter. If you believe this letter is being sent in error, please contact Coastal Medical Billing and/or your insurance company immediately.

We would like to remind you that if you have come upon a hardship and are unable to pay the remaining balance, as listed in the attached final invoice, please consider completing the **attached hardship application** and returning it to Coastal Medical Billing within **28 days of this letter** along with any/all supporting documentation of the hardship.

If you are able to **pay** the **enclosed final bill**, please do so **within the next 30 days**. All outstanding amounts after that time may be sent to a Collection Agency for further handling.

Thank you for your immediate attention to this matter,

Town of Ashburnham

**Town of Ashburnham  
Policy Statement  
Hardship Application Form**

Patient Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

This application is to request to have the above patient's ambulance charges cancelled. To apply, please complete the questions below, sign and return in the enclosed envelope **within 28 days**.

If your income, based on family size, is less than those listed below, charges may be cancelled. Add an additional \$ for each person making family size over and above 8 people.

**Proof of income MUST be attached to the completed form.**

<u>Family Size</u>	<u>Annual Income</u>
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

1. What is your family size? (How many people live in your household?) \_\_\_\_\_
2. What is your total annual family income? (*When you add up all the money everyone in the household makes per year?*) \_\_\_\_\_
3. Are there any other unusual circumstances that you believe would justify a hardship waiver?  
\_\_\_\_\_  
\_\_\_\_\_

I certify under the pains and penalties of perjury that the above information is true and correct to the best of my knowledge:

Signature: \_\_\_\_\_ Phone # \_\_\_\_\_

Printed Name: \_\_\_\_\_

This application will be forwarded to the Town of Ashburnham for their review and determination.